

SENIOR PARENT MONTHLY INCOME REPORT

(Supplement to the CW 7/SAWS 7 - Use for unaided senior parent.)

CASE NAME:

CASE NUMBER:

THIS REPORT IS FOR MONTH OF:

The rules say that when a minor parent (up to age 18) gets cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it with your Monthly Eligibility Report (CW 7/SAWS 7) by the 5th day of the month. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete report by the 5th of the month, your cash aid and cash-based Medi-Cal may be **delayed, changed or stopped**.
- If you have questions, ask your worker.

1. Did your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings account; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc? ☐ YES ☐ NO

If YES, list who received the money, the source, gross amount before deductions, and actual date received in the month. ATTACH paystubs or other proof of your parent's earnings this month. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses this month. Proof for any self-employment income or other income is needed only when it starts and when it changes.

WHO GOT THE INCOME	EMPLOYER'S NAME (✓)	GROSS AMOUNT	\$	\$	\$	\$	\$
	<input type="checkbox"/> JOB <input type="checkbox"/> TRAINING	ACTUAL DATE RECEIVED					
WHO GOT THE INCOME	EMPLOYER'S NAME (✓)	GROSS AMOUNT	\$	\$	\$	\$	\$
	<input type="checkbox"/> JOB <input type="checkbox"/> TRAINING	ACTUAL DATE RECEIVED					

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I received more than \$400 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
- I understand that the facts I report may result in my benefits being changed or stopped.
- I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and are complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE INCOMPLETE.

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED



COUNTY USE ONLY